PLACE OF BIRTH	ARIZONA STATE BO	
District of	BUREAU OF VITAL STATISTICS	State Index No.
Town of Mann	ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. 407
or		Local Registrar No
City of	No	St Ward (ive its NAME instead of street and number)
2. Full name of child	o Orduna	j If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY in event of plural births.	4. Twin, triplet of other 6. Legitima. 5. No., in order of birth	7. Date of birth Month day year
8. FATHER Full pame	duna	Maria Villa
9. Residence (Usual place of abode)	Mami 15. Residence (Usual place	(h A
If nonresident, give place and state	If nonresident, gi	ve place and state
10. Coler or race	16. Color or race	0
Met 11. Age at last	birthday 25 (Years) Mly	17. Age at last birthday (Years)
12. Birthplace (city or place)	18. Birthplace (city	/ /() /-
(State or country)		, , , , , , , , , , , , , , , , , , ,
13. Occupation	19. Occupation	
Nature of industry	Nature of industr	Moragan e
20. Number of children of this mother	(2) Born alive and now living 21. We the	ere precautions taken against ph-
(Taken as of time of birth of child herein certified and including this child.)	(b) Born alive but now dead	yes_
CERTIFIC	ATE OF ATTENDING PHYSICIAN OR	MIDWIFE*
I hereny certify that i attended the birth of	this child, who was (Born alive or stillborn,)	atfff
*When there was no attending physician midwife, then the father, householder, e should make this return. A stillborn ch is one that neither breathes nor shows off evidences of life after birth.	te. Signature O	(Physician or midwife)
Given name added from	9 3	C.E. Inden
a supplemental report		Local Registrar.
Registrar.	First 1111 6 1924	County Registrar.
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WRITE PLAINLY WITH UNRADING INK-THIS 18 A PERMANENT RESERVED.